

## Foster Family Home - Corrective Action Report

Provider ID: 2-170097

Home Name: Rudy Arzaga, CNA

Review ID: 2-170097-2

1468 Mele Manu Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 12/20/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN  
Compliance Manager

2/1/19  
Date

Rudy Arzaga  
Primary Care Giver

1/31/19  
Date